

The Division of Disability and Rehabilitative Services

Quarterly Update July, 2011

DDRS Staff Update

Tess Arnold rejoined DDRS on May 1st as a Personal Allocation Review Specialist after spending the last year as a Counselor with the Department of Correction at Madison Juvenile Correctional Facility. Previous work includes case manager, risk manager, investigator at Muscatatuck State Developmental Center and seven years with the Bureau of Quality Improvement Services as an Investigator and Surveyor.

Karen Noles joined BDDS on May 2nd as a Personal Allocation Review Specialist. She earned her Bachelor's of Social Work from IU School of Social Work and brings with her four years experience as a counselor for the Indiana Department of Correction. Prior to that, she worked for Healthy Families America where she worked with at risk families and persons with disabilities, assisting families with recognizing developmental milestones with their infants and children.

Beth Goodrich joined DDRS on June 13th as the Director of Provider Relations. Beth received a Bachelor of Science degree in Business Administration with a Management emphasis from the University of Indianapolis. She received a Master of Science degree in Marital and Family Therapy from Butler University. Previously, Beth worked as a family and child therapist and taught a court mandated course for divorcing parents. She also worked as a trainer in the field of domestic violence. She provided education to attorneys, judges, prosecutors, law enforcement, doctors, mental health providers, etc. on how to interview and respond to adult and child victims of domestic violence. She supervised psycho-educational groups for non-offending parents and children impacted by domestic violence. She also helped revise the Indiana standards for Batterers Intervention Programs and helped review applications and provided technical assistance to those programs. Besides currently being Director of Provider Relations, Beth facilitates a group for young adults diagnosed with cancer.

Satrina McDonald joined DDRS on June 13th as the Director of Program Evaluation & Efficiency. She returns to working for the State of Indiana after three years of fundraising for Red Cloud Indian School, located in South Dakota. During her previous tenure at the State, Satrina worked with the Division of Aging, Indiana Housing and Community Development Authority, and the Lt. Governor's Office. Previous work includes crime analysis for the Indianapolis Metropolitan Police Department as contracted through the Hudson Institute, and case management for Sheltering Wings Center for Women in Danville. Satrina graduated from Indiana University with a Master of Public Affairs in Public Management, and a Bachelor of Science in Criminal Justice.

Ranita Norman has transferred to the position of DDRS Director of Quality and Training Initiatives. In this role, Ranita will act as crisis gatekeeper, DDRS training liaison with Division of Financial Resources (DFR), and facilitate DDRS Human Rights Committee (HRC).

Disability Determination Bureau Recognized

The Social Security Administration (SSA) awarded Patricia Carew-Ceesay, Director of the Disability Determination Bureau (DDB), the Disability Program Leadership Award for the Chicago Region. Ms. Carew-Ceesay received this award for her sustained excellence in leadership of the Indiana DDB, commitment to improvements in SSA's disability program, and dedication to the Federal-State partnership.

DDRS Web site Additions

Over the past several months DDRS has worked to streamline our Web site by removing outdated documents, consolidating pages, updating information and adding additional resources. Two recent additions to the Web site include a [Frequently Asked Questions](#) page and a [Statistics](#) page. Both pages will be updated as new information is collected and DDRS hopes that it provides better access to information that concerns the people we serve.

State Operated Facility (SOF) to Community Transitions

As of 6/24/11, 105 individuals with mental health diagnosis and developmental disabilities have been discharged to the community from the 206 originally identified for transition. From the 105 already discharged, 92 individuals have transitioned to DDRS funded placements while 13 have gone to alternate placements, i.e. nursing facility, family home etc...

Of those individuals with developmental disabilities who currently remain in an SOF placement:

- 24 individuals identified as CMHC responsible for placement.
- 53 individuals to remain in the SOFs at this time.
- 11 individuals have been removed from the ready for discharge list-need to stabilize.
- 13 individuals remain on the ready to discharge list and we are actively working on their transitions.

Policy Update

The following policies were posted on [DDRS Draft Policies for Public Comment](#) page, on June 20, 2011 and will be available for review until July 20, 2011:

- Waiting List for Waiver Services
- Eligibility Determination
- Maintenance of Records of Services Provided
- Placement Authority
- Sanctioning Committee
- Environmental Requirements
- Day Service Accreditation

Caregiver Supports

There are Caregiver Support Services funds available for the fiscal year - July 1, 2011 through June 30, 2012. Caregiver Support Services are 100% state funded and applications must be made in person at the BDDS district offices by the primary caregiver, OR, if eligibility has not yet been determined, must be made in person by the primary caregiver and the individual(s), at the [BDDS district offices](#). Services are available on a first-come, first-served basis and the individual cannot be receiving any other state funded services and also receive Caregiver Support Services. The chart below lists the services are available, depending upon the number of eligible individuals who reside in the home with the caregiver.

Eligible in the Residence	Total hours available	Hours / Individual
1 (individual)	62	62
2 (individual + 1)	92	46
3 (individual + 2)	125	41
4 (individual + 3)	156	39
5 (individual + 4)	187	37

Bureau of Quality Improvement Services (BQIS)

DDRS Approved Cardiopulmonary Resuscitation (CPR) Training Curriculum

The DDRS Personnel Records Policy requires that CPR certification and recertification be obtained from the American Heart Association, the American Red Cross, or another DDRS approved training entity. In response to providers' requests, DDRS has expanded its list of approved CPR training curriculums to include Emergency Care and Safety Institute and the National Safety Council. Important components in approved training programs are that participants have an opportunity to demonstrate ability to perform CPR and that training instructors are certified by a nationally recognized training entity.

Compliance Evaluation and Review Tool (CERT)

BQIS designed the Compliance Evaluation and Review Tool (CERT) to capture provider compliance in the four focus areas listed below. These focus areas capture the intent of IAC 460, article 6 and the Developmental Disabilities waiver application.

- I. The provider meets qualifications for waiver services being delivered;
- II. The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees;
- III. The provider maintains employee information confirming key health, welfare and training issues; and
- IV. Quality assurance and quality improvement.

On behalf of the BQIS, Liberty of Indiana surveyors evaluate compliance within these focus areas by reviewing provider documentation guided by the 173 probes. A copy of the CERT Guide, including a list of Indicators and Probes, can be found through the following link:
http://www.in.gov/fssa/files/BQIS_CERT_guide.pdf.

A summary of results and recommendations from reviews to date can be found at http://www.in.gov/fssa/files/BQIS_CERT_Survey_Summary_4.2011.pdf. It is hoped that providers will utilize this information to assure alignment of their practices, procedures and files with the outlined regulations/assurances. Providers taking this approach will reduce organizational risk and facilitate a positive review process for those involved.

First Steps

During the SFY 2011 General Assembly, HB 1001 included language relating to the First Steps system. Those changes primarily focus on modifications to the participation of families in supporting the cost of early intervention services received by their child, as well as simplifying billing to private health care plans for early intervention services.

Cost Participation (CP) for the First Steps program specifies that *“A family shall participate in the cost of programs and services provided to the extent allowed by federal law according to the following cost participation schedule...”* It further requires that the fees be based on income and ability to pay and requires families to consent to the division, billing third party payors for early intervention services provided. The law allows the division to waive the billing to third party payors if the family is able to demonstrate financial or personal hardship on the part of the family member; and must require the division to waive the family's monthly copayments in any month for those services for which it receives payment from the family's health insurance coverage.

Families that do not pay their cost participation fees are subject to suspension of those early intervention services where fees are applied. Families that fall 60 days or greater behind in the CP payment will be subject to suspension. Service Coordinators (SC) must work with the family to inform them of the suspension process. SCs are to inform families of their rights within the system and their ability to set up a payment plan. If there is an error in the CP calculation or bill, families should work with their SC to get the issue corrected. Families subject to suspension may continue to receive services where federal law prohibits family fees to be associated.

Effective July 1, 2011, Indiana legislation put into place the following changes to the CP system: Changes to the cost participation schedule:

Co-pay schedule for 15 minutes of service rather than “per service”: First Steps co-payment fees will be based on each 15 minutes of delivered services. By basing fees on the length of the session, the family will have increased control over the total amount due. This will also encourage families to “think about” the amount of time that is reasonable for their child. Fees for families that are above 651% of the federal poverty level will also see an increase in the hourly co-payment fee. Increase in the monthly max: The monthly maximum fee has been increased to reflect 16 hours of service per month. View the Cost Participation Sliding fee Schedule at the

http://www.in.gov/fssa/files/First_Steps_Cost_Participation_Sliding_fee_Schedule.pdf

TPL Billing Changes:

HB 1001 will allow the division to bill private health care plans a monthly fee for the cost of early intervention services to enrolled children. Plans that are eligible for such billing are those that are determined to be Non-ERISA, as well as Public Employee and State University Employee plans will be billed the monthly fee. The fee will be set by the division is based on the actual cost of services. This change will reduce the administrative overhead for the division, as well as the private health care plan. It is also anticipated to increase revenue to the program.

Bureau of Developmental Disabilities Services (BDDS)

Group Home vacancies and referrals

The following outlines the appropriate procedure for filling all SGL vacancies.

1. Once “BDDS SGL Procedure: Submitting SGL LOC Requests” has been followed, the client packet shall be managed by the BDDS SGL Coordinator
2. SGL Providers will notify BDDS SGL Coordinator of vacancies
3. BDDS SGL Coordinator will provide packet(s) to provider as determined to fit the mix of that home. Provider may be asked to provide information regarding the mix of the house to assist in the packet selection process.
4. Provider may choose client(s) from the packets provided by the BDDS SGL Coordinator or request more packets. If more packets are requested, Provider may be asked to provide BDDS SGL Coordinator with reasoning why initial packets are not appropriate for their vacancies to help SGL Coordinator more appropriate packets in future.
5. Packets will be managed by the BDDS SGL Coordinator and will not be kept or by the Provider in excess of 30 days. Once the Provider determines a client to be inappropriate for their vacancy they must notify BDDS SGL Coordinator, that client is no longer available to that Provider and the packet is to be immediately discarded per HIPAA compliance policies for proper disposal of sensitive documents
6. BDDS SGL Coordinator will continue to seek appropriate placement for any client that is not currently placed until such placement is made
7. **ALL** placements must have RAF approval signed by BDDS Central Office prior to move

Objective Based Allocations (OBA)

From January through June 2011, 4,001 individuals have gone through the OBA process.

- 1,745 (44%) have had their budgets increased
- 2,196 (55%) have had their budgets decreased
- 60 (1%) individuals have had their budgets remain the same

Provider Information

Provider re- approvals are scheduled for Aug. 1, 2011 and will be based on the BQIS CERT, Complaints and Incident Reports. A systematic process will be posted on the BQIS web page.

Providers wishing to add services and/or counties must not have any open Correction Action Plans with BQIS.

Employment First Demonstration Site Project Updates

Demonstration sites continue to work on ways to bring greater attention to employment opportunities for individuals with developmental disabilities. Bloomington, South Bend, Marion, and Kokomo have developed written proposals and are working with DDRS on implementation and timelines. Each area involves various stakeholders working together toward the goal of integrated employment.

Bloomington: The Bloomington demonstration site continues to work on completing training materials to be utilized by case managers, families, providers, schools and business to provide education on employment supports. In addition, the Bloomington group is discussing the service of Supported Employment Follow Along.

South Bend: The South Bend sub-committee has met and developed a written proposal for St. Joseph County. The team has proposed targeting transition age students and people who are currently receiving day services and/or RHS services to increase referrals to VR to access integrated employment. Representatives from DOE and IPMG are part of the initiative and are working with VR and BDDS to improve employment opportunities.

Kokomo: the Kokomo sub-committee has met and developed a written proposal that will look at methods to discuss and increase awareness for individual who are currently served in order to increase opportunities in the community through Employment. The proposal includes a survey to begin the discussion of employment as well as a web portal that can be used by clients as well as potential business and the school systems.

Marion: The Marion sub-committee has met and developed a written proposal as well. Marion proposal focus' on increasing collaboration with schools, strengthening business connections and increasing collaboration between service providers and case management. They would also focus on improving the IDT process by refocusing team meetings around Employment 1st.

Evansville: The Evansville team has met and is still in the process of developing a plan for the Vanderburgh county area. The sub-committee has discussed ways to target individuals on the wait list for BDDS services as well as targeting transition students. A meeting has been scheduled for June 29th to finalize a proposal.

Bureau of Rehabilitation Services (BRS)

VR State Plan

BRS would like to thank the various stakeholders who attended the public hearings on the VRS State Plan. All of the submitted comments have been reviewed and the draft plan revised. The State Plan will be submitted to our federal partner, the Rehabilitation Services Administration by June 30, 2011. Once approved, the plan will become effective October 1, 2011.

Walgreens initiative

Corporate Development Unit (CDU) continues to work with a variety of companies across the state to increase internal capacity within corporations that are interested in recruiting and hiring individuals with disabilities. These efforts and the combined efforts of our partners have resulted in 35 hires this calendar year. CDU continues to develop best practices to increase hiring in existing relationships and developing relationships.

CDU is proud to let you know about the formation of the Walgreens Indiana Statewide Consortium (WISC) is moving into action. This consortium will assist Walgreens District and/or Store Managers in locating qualified candidates with disabilities for open positions. WISC will be coordinated by the Indiana Vocational Rehabilitation (VR) CDU and be comprised of many of the employment service providers that are certified with VR. Additional partners will be brought into the consortium where appropriate to ensure that each Walgreens store receives the best services to help them undertake a disability initiative. Our focus is on helping WISC touch each & every Walgreens store (155 in Indiana). We are beginning a pilot with 22 stores across the state in June, 2011. As the project grows, we will be looking to partner with providers who wish to become Single Point of Contact (SPOC) for their local store(s).

Employment data

There have been 409 more people with disabilities who have obtained successful employment outcomes as the result of Vocational Rehabilitation Services since October 1, 2010 as compared to the same time in the previous federal fiscal year. There are currently 3,121 people with a successful outcome compared to 2,712 a year ago, which is a 15% increase.

Deaf and Hard of Hearing Services (DDHS)

During SFY11 there has been increased utilization of the State's Interpreter Service Program (ISP), which assists State agencies in obtaining American Sign Language interpreters for citizens accessing state services. The increased utilization is a direct result of DHHS' outreach and education on the ISP and indicates that Indiana State Agencies are ensuring compliance with the Americans with Disabilities Act (ADA) in providing accessible and equal access to state services to individuals with disabilities. Also, as a result of DHHS' continued education and

outreach to state agencies, two divisions recently made modifications to their processes to ensure communication accessibility. More information on ISP and access to the ISP communication request form can be found at www.dhhs.in.gov

BVIS: Business Enterprise Program

Eight Business Enterprise Program (BEP) Trainees graduated in May 2011 and are preparing for employment opportunities that are anticipated to result in successful employment outcomes for VRS. The bi-annual BEP conference was held in June 2011 with attendance by nearly all Indiana Licensed BEP vendors. Nicholas Gacos, President of the National Association of Blind Merchants, was the keynote speaker.